

Resolutions

FILMING

Use this document for filming when:	
Closure of the State Highway requires redirection of traffic onto Local streets or roads	I-1
Filming activies require State Highway closure and there is no acceptable route	I-2
A restriction on the State Highway occurs but no closure or detour is required	I-3
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SPECIALEVENTS	
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 $Time\ factors\ do\ not\ allow\ the\ adoption\ of\ a\ resolution$

before the date of the filming activityI-10

(USE THIS RESOLUTION FORMAT WHEN CLOSURE OF THE STATE HIGHWAY WILL REQUIRE TRAFFIC REDIRECTION ONTO LOCAL STREETS OR ROADS)

WHEREAS	has applied to the S					
of California to conduct	(filming activies)	on State prop	erty; and			
WHEREAS(the fi	lming activities)	will require the t	emporary			
closure of State Highway R	oute on _	(date)	between			
(location)	and	between the	hours of			
and	_; and					
WHEREAS said temporary cl	osure will cause the re-routin	g of traffic onto and	l over the			
following(city streets/co	ounty roads)	<u>_</u> :				
(describe routing)						
NOW THEREFORE be it reso	olved that the City/County of					
approves and consents to the	proposed	(filming activity)	and			
recommends approval of and	consents to the proposed re-ro	outing of traffic onto	and over			
the described city streets/coun	ty roads upon terms and condi	tions deemed approp	priate and			
necessary by the State of Calif	Fornia, Department of Transpo	rtation.				

(USE THIS RESOLUTION FORMAT WHEN THE FILMING ACTIVITY REQUIRES CLOSURE OF THE STATE HIGHWAY AND THERE IS NO ACCEPTABLE ALTERNATE ROUTE)

WHEREAS	has applied to the State of	
California to conduc	ct(filming activities)	on State property; and
WHEREAS	(the filming activities)	will require the
temporary closure of	of State Highway Route	on <u>(date)</u> between
(location)	and	between the hours of
and; and	l	
WHEREAS there i	s no acceptable alternate route,	with the result that traffic normally
using State Highway	y Route will be temp	porarily halted or restricted.
NOW THEREFOR	RE be it resolved that the C	ity/County of
approves and cor	nsents to the proposed	(filming activity) and
recommends appro	val of and consents to the p	roposed closure/restriction of State
Highway Route _	upon terms and c	conditions deemed appropriate and
necessary by the Sta	ate of California, Department of	Fransportation.

(USE THIS RESOLUTION FORMAT WHEN A RESTRICTION ON THE STATE HIGHWAY OCCURS BUT NO CLOSURE OR DETOUR IS REQUIRED)

WHEREAS	(name of prod	uction compan	has applied to the State					
California to conduct	(filn	ning activities)		on State property				
WHEREAS	(the filming	activities)		_ will tem	porarily	impede	anc	
restrict the free p	assage of ti	raffic over	State	Highway	Route_		or	
(date)bety	ween(location)	an	d		betw	/eer	
the hours of	and	; and	l					
NOW THEREFORE	be it resolv	ed that the	City/C	County of				
approves and consents	to the propose	ed	(f	ilming activit	ty)		anc	
recommends approval	of and consen	ts to the prop	osed re	striction of	State Hig	ghway Ro	oute	
up	on terms and	conditions de	eemed a	ppropriate	and nece	essary by	the	
by the State of Califor	nia, Departme	nt of Transpo	ortation.					

(USE THIS DOCUMENT FORMAT WHEN TIME FACTORS DO NOT PERMIT A RESOLUTION ADOPTION BEFORE THE DATE OF THE FILMING AND REQUIRES RE-ROUTING OVER CITY STREETS/COUNTY ROADS)

(To be addressed to the California Film Office)

(name of	production company	y)	1	has appli	ied to t	he Sta	ite of Ca	lifornia
to conduct	(filming	g activities de	escribed)	on :	State 1	Highway	Route
	on	(date)	, b	etween		(10	ocation)	
and		between	the	hours	of			and
	Said event v	will require	the to	emporary	y closu	ire of	State H	ighway
	as indicat				•			over
	(described		(city			street	ts/county
The next regularl	y scheduled me	eeting of th	ne City	y Counc	il/Boa	rd of	Supervi	sors of
							will	be on
(date) . A	formal Resoluti	on by the C	ouncil	/Board c	annot l	oe obta	ained bet	fore the
proposed date of t	he	(filming act	tivity)			In	my capa	acity as
(1	itle)				for	the	City/Cou	unty of
	, I	am authori	ized to	advise	you th	at the	City/Co	unty of
	a	approves an	d cons	ents to th	ne prop	osed e	event up	on such
terms and conditi	ons deemed ap	propriate a	nd neo	cessary	by the	State	of Cal	ifornia,
Department of Tra	insportation and	further rec	omme	nds appı	oval o	f and	consents	s to the
re-routing of traffic	onto and over t	he named c	ity stre	ets/coun	ty road	ls.		
Dated:		Signe	ed:					
			(Title)				

(USE THIS DOCUMENT FORMAT WHEN TIME FACTORS DO NOT ALLOW A RESOLUTION TO BE ADOPTED BEFORE THE DATE OF THE FILMING)

(To be addressed to the California Film Office)

(na	me of product	ion company)	has	applied	to the S	tate o	f Cal	lifornia	to
conduct _		(filming activities	describe	d)				on Sta	ıte
Highway	Route		on		(date)		,	betwe	en
(location)	and			bet	ween	the	hours	of
	and								
The next re	egularly sche	duled meeting of t	he City C	Council/I	Board of S	Superv	isors	of will	be
on	(date)	. A formal Resol	ution by	the Cou	ncil/Boar	d canr	ot be	e obtain	ed
before the	proposed dat	e of	(filming	activity)_		In	ту с	apacity	as
(title)	for the Cit	ty/County	of				, I a	ım
authorized	to advise you	that the City/Cou	unty of _					_ approv	es
and consen	its to the pro	posed event upon	such ter	ms and	conditions	s deen	ned a	ppropria	ate
and necessa	ary by the Sta	ate of California, I	Departme	nt of Tra	ansportati	on.			
Dated:		_	Signed: _						_
					(Ti	tle)			

(USE THIS RESOLUTION FORMAT WHEN CLOSURE OF THE STATE HIGHWAY WILL REQUIRE TRAFFIC REDIRECTION ONTO LOCAL STREETS OR ROADS)

WHEREAS	ied to the State of	ne State of California					
to conduct	(special event des	scribed)	on State property; an				
WHEREAS(tl	ne event)	will re	equire the tempor	ary closure			
of State Highway Ro	ute	on	(date)	between			
(location)	and		between the	hours of			
and	; and						
WHEREAS said temporar	y closure will caus	e the re-routing	of traffic onto ar	nd over the			
following(city stree	ts/county roads)		<u>.</u> :				
(describe routing)		_•				
NOW THEREFORE be it	resolved that the C	ity/County of _					
approves and consents to	the proposed		(special event)	and			
recommends approval of a	nd consents to the	proposed re-rou	ting of traffic ont	o and over			
the described city streets/co	ounty roads upon to	erms and conditi	ons deemed appro	opriate and			
necessary by the State of C	alifornia. Departm	ent of Transport	ation.				

(USE THIS RESOLUTION FORMAT WHEN THE FILMING ACTIVITY REQUIRES CLOSURE OF THE STATE HIGHWAY AND THERE IS NO ACCEPTABLE ALTERNATE ROUTE)

WHEREAS	(sponsor)	has applied to the State of California to
conduct	(special event described)	on State property; and
WHEREAS	(the event)	will require the temporary
closure of Sta	te Highway Route	on <u>(date)</u> between
(location)	and	between the hours of
and;	and	
WHEREAS ther	e is no acceptable alternate	route, with the result that traffic normally
using State High	way Route will	be temporarily halted or restricted.
NOW THEREF	ORE be it resolved that	the City/County of
approves and	consents to the proposed	d <u>(special event)</u> and
recommends ap	proval of and consents to	the proposed closure/restriction of State
Highway Route	upon terms	and conditions deemed appropriate and
necessary by the	State of California, Departm	nent of Transportation.

(USE THIS RESOLUTION FORMAT WHEN A RESTRICTION ON THE STATE HIGHWAY OCCURS BUT NO CLOSURE OR DETOUR IS REQUIRED)

WHEREAS	(sponsor)	has applied to the State of Californ					
to conduct	(special event described)	on \$	State property; and				
WHEREAS	(the event)	_ will temporarily imp	ede and restrict the				
free passage of tra	ffic over State Highway Ro	ute on	(date) between				
(location)	and	between the ho	urs of				
and	; and						
NOW THEREFO	RE be it resolved that the	he City/County of _					
approves and cons	ents to the proposed	(special event)	and				
recommends appro	val of and consents to the pr	oposed restriction of St	tate Highway Route				
	upon terms and conditions	deemed appropriate ar	nd necessary by the				
by the State of Cal	ifornia. Department of Trans	portation.					

(USE THIS DOCUMENT FORMAT WHEN TIME FACTORS DO NOT PERMIT A RESOLUTION ADOPTION BEFORE THE DATE OF THE SPECIAL EVENT AND REQUIRES RE-ROUTING OVER CITY STREETS/COUNTY ROADS)

(To be addressed to the Department's Permit Engineer)

(sponor)									
<u>!</u>	(special	event desc	ribed)			on	State	Highway	Route
	_ on		(date)	,	between		(lo	ocation)	
and			oetween	the	hours	of			and
	Said	event w	ill require	the	temporar	y closi	are of	State Hi	ighway
Route,	as	indicate	d. and	th	e re-ro	uting	of	traffic	over
,						_			
roads)					-				
The next regularly	schedu	ıled mee	ting of th	he C	ity Counc	cil/Boa	rd of	Supervis	sors of
								will	be on
(date) . A fo	ormal I	Resolutio	n by the C	ounc	il/Board c	annot	be obta	ained bef	ore the
proposed date of the		(special ever	nt)			In	my capa	acity as
(title	e)					for	r the	City/Cou	inty of
terms and condition		-	-					-	
Department of Trans			_		-	-			
re-routing of traffic of	•								
Dated:			Signe	ed: _					
						(T	itle)		

(USE THIS DOCUMENT FORMAT WHEN TIME FACTORS DO NOT ALLOW A RESOLUTION TO BE ADOPTED BEFORE THE DATE OF THE SPECIAL EVENT)

(To be addressed to the Department's Permit Engineer)

(sponsor)	_ has	applied	to	the	State	of	Cali	fornia	to	cond	duct
(special e	event descr	ribed)					on S	State Hi	ghwa	ay Ro	oute
on	(da	ite)	,	bet	ween _			(location	1)		
and		betwee	n tl	ne	hours	of					and
Tł	ne next r	egularly s	schedu	ıled	meeting	g of tl	ne C	ity Cou	ncil/	Boar	d of
Supervisors of will b	oe on		(date)_		A	forr	nal	Resolu	tion	by	the
Council/Board cannot	be obtai	ned befo	ore th	e pi	roposed	date	e of			(ε	vent
activity)	In my	capacity	as		((title)_				for	the
City/County of			,	I an	n autho	rized	to	advise	you	that	the
City/County of				app	proves a	and c	onse	ents to	the 1	oropo	sed
event upon such terms a	and cond	itions de	emed	appı	opriate	and 1	nece	ssary b	y the	Stat	e of
California, Department	of Transp	ortation.									
Dated:		5	Signed	l: _							
							(Tit	tle)			